

SAMPLE CHILD CARE BOMB THREAT INFORMATION FORM

for EMERGENCY/DISASTER PREPAREDNESS

Exact Time of Call: _____ Date of Call: _____

Exact words of caller:

Questions to ask: (if you can keep the caller talking and get this information)

1. When is the bomb going to explode? _____
2. Where is the bomb? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

Describe the callers Voice (circle)

Male/Female Age _____

Calm	Distinguished	Nasal	Angry	Broken
Stutter	Slow	Sincere	Lisp	Rapid
Giggling	Deep	Crying	Squeaky	Excited
Stressed	Accent	Loud	Slurred	Normal

Threat Language

Well Spoken (educated)	Irrational	Message read or recorded
Foul/vulgar	Incoherent	

Did you recognize the voice? Whose voice did you hear? _____

Were there any background noises? _____

Who received the call? _____

Phone number call received on? _____